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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema1l	Address:	; •

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EAST AUSTIN FITNESS PARTNERS LLC

Certificate of Status	0
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T. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

East Austin Fitness Partners LLC				
(Name of the Limited Liability Compa (A Florida Limited)	uv as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L18000118046	were filed on 05-10-2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	llity company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3900 Medical Parkway Austin, Texas 78756			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	3900 Medical Parkway			
(Mailing address MAY BE A POST OFFICE BOX)	Austin, Texas 78756			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new registere		
Name of New Registered Agent:		-1 [-		
New Registered Office Address:	Enter Florida street address	PM 4:5		
	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	-	3		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

H24000222041

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Terry Blachek	301 W. Platt Street	
		Tampa, FL 33606	■ Remove
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	occifies a delayed effective d	ate, but not an effective tin	ne, at 12:01 a.m. on the c	arlier of: (b) The 90th day	y after the
ecord sp is filed.					
is filed.	June 25	, 2024	 *		
is filed.	Jeff Manassero Jeff Hadasaero (Aur 28, 2024 18:44 POT)		-·		
is filed.	Jeff Manassero Jeff Hadasaero (Aur 28, 2024 18:44 POT)	2024	ized representative of a mer	nber	_

Filing Fee: \$25.00